India was to take the dialogue on issues away from the glare of publicity. The US government recognizes today that public pressure on India will not help.

On human rights: There has been a significant change in the US public position on human rights in India and the tone of comments. They publicly recognize the significant work done on this front in India and the National Human Rights Commission has been well received.

On the India-Pakistan issues: We might have wanted the US to be more positive in its support for Indian positions and more willing to take pubic and official cognizance to Pakistan's continuing support to terrorism in India. The US has acknowledged the fact that India has made serious and genuine efforts at dialogue on Kashmir. They are also willing to acknowledge that elections would be a good route to follow in promoting democratic processes.

They have not supported Pakistani efforts at New York or Geneva to move resolutions against India. The kind of negative statements that were being made by some elements on the US side have not been reiterated—there is a greater sense of measure in comments being made. The joint statement between President Clinton and Prime Minister Rao clearly said all issues between India and Pakistan should be resolved bilaterally.

On transfer of technology: The ISRO sanctions have not been renewed. Yet on the issue of transfer of technology more work needs to be done. Still, we have moved from a position where we were deeply concerned to a dialogue.

On relations with the Congress: We have made a very major advance in our relationship with individual Congressmen and Senators and in the general mood of Congress.

The India caucus which was the first individual country caucus on the Hill is a big asset. It is bipartisan with 61 members and gives us a platform on which to build our relationship with the Congress. The crowning success of the caucus has been the recent defeat of the Burton amendment which was sprung upon the House with no lead time. It was the sustained contact with the Congress and the Indian-American community that helped defeat the move.

On the economic relationship: Certainly, India has begun to blink on the U.S. radar here. Five high-level visits in one year is unprecedented—four Cabinet level visits plus the visit of Mrs. Hillary Clinton. It has led to others wondering what this signifies in Indo-US relations.

We have been working closely with the India Interest Group to give it a certain profile, getting incoming visitors from India to meet them as a group and also getting them high-level appointments when they visit India. We have also been trying to forge a close working relationship between the India Interest Group and the India Caucus to make them mutually reinforcing.

On defense ties: It has been our effort to build a closer relationship with the Pentagon because during the Cold War the fact that the Pentagon was neglected has not helped our overall relationship. It has been our conscious effort to develop greater links with Pentagon and there has been a substantial improvement in our dialogue with them on various issues.

On India's lobbyist: It has been both a process of learning and achievement. It was a new experience, starting from scratch, and has resulted in a multiplier effect of our own efforts.

On relations with Indian-American community: We have vastly improved the mechanics of interaction with the Indian-American community for grassroots campaign. We have developed a list of important Indian-Americans who have credible political links and supply them regularly with information on developments in India and Indo-U.S. relations. Over the last three years we have taken several steps to transform what was earlier a disorganized and unfocused effort into a highly systemized and focused effort.

TITLE X OF H.R. 2127

HON. KAREN McCARTHY

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 3, 1995

Ms. MCCARTHY. Mr. Speaker, today I walk with my head held high and with great pride as a Member of the U.S. House of Representatives. Last night Members from both sides of the aisle stood together and said to families across this Nation that their Government does support title X funding. Title X is part of the Public Health Service Act, sponsored by then-Congressman George Bush, and signed into law by President Nixon in 1970. I am proud to be a part of a majority in the U.S. House of Representatives with the common sense to set family planning funding as a priority.

The title X program has been reauthorized six times since 1970 and has always received broad bipartisan support. The 104th Congress has put aside partisan politics and restored adequate funding for family planning and health care services. In my district, title X means women can afford preventive health services like pap smears and gynecological exams. In my district, title X means women can afford vital pre- and neo-natal health care to prevent problems with pregnancies. In my district, title X means women can afford contraceptive health services to prevent unwanted pregnancies. In my district, title X means men can afford screening tests for prostate cancer. In my district, title X means that a woman's income level will not control her health or that of her family.

Mr. Speaker, at the end of this week, when I return to my district for the August work period, I can tell the women of Jackson County MO, that the House is committed to their family planning and health care needs. I can now go back to my district with pride for the work this body has done to preserve a 25-year commitment to the families of this Nation.

It is unfortunate, however, Mr. Speaker, that I will be unable to tell my constituents that I voted for the overall Labor-HHS-Education Appropriations bill of which title X is a part. The measure contains extreme and unfair cuts to valuable, proven programs that educate children, invest in working people, and protect our Nation's health and safety. We must invest in our country's future by supporting education and training to promote long-term economic growth and higher living standards. We must continue to invest in programs like Cradles and Crayons that benefit our children. I regret that this bill does not represent the priorities Jackson Countians want.

OSTEOPOROSIS

HON. CONSTANCE A. MORELLA

OF MARYLAND

IN THE HOUSE OF REPRESENTATIVES

Thursday, August 3, 1995

Mrs. MORELLA, Mr. Speaker, osteoporosis is a major public health problem affecting 25 million Americans, 20 million of whom are women. The disease causes 1.5 million fractures at a cost of $10 billion annually in direct medical expenses. One in two women and one in eight men over the age of 50 will fracture a bone due to osteoporosis. A woman's risk of osteoporosis is equal to her combined risk of contracting breast, uterine and ovarian cancer.

Osteoporosis is largely preventable and thousands of fractures could be avoided if low bone mass was detected early and treated. However, identification of risk factors alone cannot predict how much bone a person has and how strong or weak bone is. Experts estimate that without bone density tests, up to 40 percent of women with low bone mass could be missed—an unacceptable diagnostic error rate.

Unfortunately, Medicare's coverage of bone density tests is inconsistent. The program covers several types of tests such as single photon absorptiometry, measurement of the wrist and radiographic absorptiometry, hand; however, it leaves the decision to the Medicare carriers whether to cover quantitative computed tomography, spine, and dual energy x-ray absorptiometry or DXA—spine, hip, and total body—one of the most common methods used by scientists. The Food and Drug Administration has approved all of these methods except the radiographic absorptiometry.

Medicare covers DXA in 42 States, while parts of four additional States are covered. This leaves four States and the District of Columbia without coverage. A national average allowable charge of $124 was established for DXA by the Health Care Financing Administration this year, yet a national coverage decision does not exist.

Inconsistency of coverage policy is confusing and unfair to beneficiaries. If a Medicare beneficiary lives in Florida, DXA is covered; if she lives in New Jersey, it is not covered. If she lives in Baltimore County in Maryland, it is covered; if she lives in Montgomery County, MD, it is not covered.

Today, I am introducing a bill, together with Congresswomen NITA LOWEY and EDDIE BERNICE JOHNSON, as well as 10 other original cosponsors, to standardize Medicare's inconsistent coverage of bone density tests—the only sure method to determine bone mass and avoid some of the 1.5 million fractures caused annually by osteoporosis. The bill would also clarify that Medicare will cover other scientifically proven techniques to detect bone loss, such as biochemical markers. These inexpensive lab tests can be important adjuncts to bone mass measurement in the effort to detect and treat individuals who are at risk of osteoporosis. Considering that bone density tests are already covered by a large majority of the Medicare carriers, this bill will not add significantly to the costs of the Medicare program.

I urge my colleagues to join us in introducing this bill to help women and men prevent fractures caused by osteoporosis.